

A STUDY OF ATTITUDES TOWARD ELDER ABUSE AMONG AFRICAN
AMERICAN, KOREAN AND CHINESE CAREGIVERS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE MASTER IN SOCIAL WORK

BY

INDIA M. COOK

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 2012

ABSTRACT

SOCIAL WORK

COOK, INDIA M.

B.A. GEORGIA STATE UNIVERSITY, 2010

A STUDY OF ATTITUDES TOWARD ELDER ABUSE AMONG AFRICAN AMERICAN, KOREAN AND CHINESE CAREGIVERS

Advisor: Brandi Wilson, LMSW

Thesis dated May 2012

There are different areas of research that receive a subsequent amount of support and advocacy such as child abuse. Studies on the prevalence of elder abuse have varied greatly. This study examines attitudes toward elder abuse within African American, Korean and Chinese cultures with respect to their caregiver's background in Gwinnett County and DeKalb County, Georgia. A descriptive and exploratory research design was conducted in this study. The analysis indicated that there is no significant difference between African American caregivers' attitudes and Non-African American caregivers' attitudes ($t = -1.580$) with a .05 level of probability. The study analyzed the target population and found that 53.1 of the participants are at least college graduates. A majority of the participants did not agree with the use of negative action toward elderly people that could be seen as elder abuse. Therefore, research indicated that education can be an indicator of a caregiver's attitude toward elder abuse. This research developed insight into the current knowledge deficit among a cultural group's perspectives, as well as the gap in research regarding the education of caregivers in relation to their infliction of elder abuse.

© 2012

INDIA M. COOK

All Rights Reserved

ACKNOWLEDGMENTS

This journey of academic writing could not have been done without my Lord Jesus Christ. I would like to first acknowledge Him for the guidance and positive light that He gave me throughout this enlightening process. Secondly, I owe my deepest gratitude to my friend, Rejys Cowan, who has never wavered in her support and encouragement of my endeavors. I am indebted to many of the faculty and staff of Clark Atlanta University for their diligent dedication to students of the Whitney M. Young, Jr., School of Social Work. I acknowledge my parents, Aaron and Carol Cook as well as Ernestine Rogers-Cook, for being encouraging and positive parents. Lastly, I would like to acknowledge my thesis advisor, Brandi Wilson and Dr. Roslyn Harper, for the dedicated assistance she has provided me in completing my thesis.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	v
CHAPTER	
I. INTRODUCTION.....	1
Statement of the Problem.....	2
Purpose of the Study.....	4
Significance of the Study.....	4
Research Questions.....	6
Hypotheses.....	6
II. REVIEW OF LITERATURE.....	7
Elder Abuse.....	7
History of Elder Abuse.....	9
History of Elder Abuse Legislation.....	10
African American Perspective.....	13
African American Attitude Toward Financial Elder Abuse.....	13
African American Attitude Toward Mental Elder Abuse.....	14
African American Attitude Toward Physical Elder Abuse.....	15
African American Attitude Toward Neglectful Elder Abuse.....	15
African American General Conclusion.....	16
Chinese Perspective.....	16
Chinese Attitude Toward Financial Elder Abuse.....	17
Chinese Attitude Toward Physical Elder Abuse.....	17
Chinese Attitude Toward Neglectful Elder Abuse.....	19
Organizational Attitudes Within Chinese Perspective	20
Chinese General Conclusion.....	21
Korean Attitudes Toward Financial Elder Abuse.....	22
Korean Attitudes Toward Mental Elder Abuse.....	23
Korean Attitudes Toward Neglectful Elder Abuse.....	24
Organizational Attitudes within Korean Perspective.....	25
Korean General Conclusion.....	26
Cross Cultural Perspective	26
Caregivers Attitude toward Elder Abuse in relation to their	
Education and Experience.....	27
Afrocentric Perspective.....	28
Theoretical Framework.....	30

Table of Contents

	PAGE
III. METHODOLOGY.....	33
Research Design	33
Description of the Site	33
Sample and Population	34
Treatment of Data	35
Data Collection	35
Limitations of the Study	36
IV. PRESENTATION OF FINDINGS.....	39
Demographic Data	39
V. CONCLUSIONS AND RECOMMENDATIONS.....	48
Summary of Study	48
Implications for Social Work Practice	48
Implications for Social Work Policy	49
Implications for Social Work Research	49
APPENDICES.....	51
Appendix A. Survey Questionnaire	52
Appendix B. Survey Approval Letter	55
Appendix C. Informed Consent Form	56
Appendix D. SPSS Program Analysis	58
REFERENCES	70

LIST OF TABLES

TABLE	PAGE
1. Demographic Profile of Study Participants.....	41-42
2. How long have you been care giving.....	43
3A. Attitudes toward elder abuse among African American and Non-African American caregivers Independent T-test.....	44
3B. Results of Independent T-Test of Attitudes by Ethnicity.....	45
4. Caregiver Attitudes in Relation to their Education Level Independent T-test.....	46
5. Results of Independent T-test Attitudes by Ethnicity.....	47

CHAPTER I

Introduction

According to a 2010 U.S. Census Bureau report, the number of elderly people living in Georgia aged 65 and older increased by 31.4%, from 785,275 in 2000 to 1,032,035 in 2010. Each case of elder abuse represents an injustice upon a child, parent, or friend of someone in the world. Many assume that unrelated caregivers are generally the perpetrators of elder abuse; however, this is not always true. In one U.S. study conducted by the Center of Excellence on Elder Abuse and Neglect, it was determined that 20% of caregivers expressed fears that they would become violent with the relative for whom they are caring for (n.d.). In a study prepared by The National Center on Elder Abuse, it has been documented that in almost 90 percent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of those perpetrators are adult children or spouses (Administration on Aging, 1998). The elderly may be viewed as “children with wisdom” because they often revert to the basic phonological needs similar to that of a baby or small child. Although caring for the elderly may not be an easy task, there is still no excuse for any form of elder abuse. Elder abuse can present itself in many different forms, including neglect and financial, physical, emotional and mental abuse.

That same study found that there is a great need for people to report suspected abuse (1998). The 500,000 to 1,000,000 reports of elder abuse recorded by authorities

every year (the vast majority of which are proven to be true) are only the tip of the iceberg. According to state reported data, for every case of elder abuse reported, another 12 or 13 are not (DoSomething.org (n.d.)). Moreover, elders 80 years and over are abused and neglected at two to three times their proportion of the elderly population.

The Adult Protective Services (APS) program is mandated under the Disabled Adults and Elder Persons Protection Act to address situations of domestic abuse, neglect, and/or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long-term care facilities. The purpose of the APS program is to investigate reports of alleged abuse, neglect, and/or exploitation and to prevent recurrence through the provision of protective services intervention (Department of Human Services and Health, 2008). There are a variety of intervention processes and laws in each country and state.

Statement of the Problem

According to Moon and Benton (2000), there are some areas of research that are highly observed. However, the topic of elder abuse is not only under researched but also under reported. Although there are many different areas of elder abuse, the three different levels of abuse that this research will focus on are neglect, financial abuse, and physical abuse. These three areas of concern are highly prevalent in the different communities for various reasons. The elderly are often viewed as a hindrance by younger generations which contribute to the many other stressors involved in caring for them. While caring for the elderly could be a very stressful job, that in no way excuses any form of abuse. This study will also analyze the varied attitudes of elder abuse among the Korean,

Chinese, and African American cultures; as well as the level of education that the caregiver may have that potentially can differentiate between attitudes among the various cultures.

According to the World Health Organization, elder abuse has been around for many years; however, research on this topic has recently begun to gain steam. The issue of abuse of older people, often called “elder abuse,” was identified as a social phenomenon in developed nations in the 1970s and 1980s. Elder abuse has subsequently been researched in the developing world (2002). A major focus at this time was on abuse in community settings, with patterns of family interactions a particular concern. Elder abuse became a topic of great media interest in this period (Working Party on the Protection of Frail Older People in the Community, 1994). All fifty states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands have enacted legislation authorizing the provision of adult protective services (APS) in cases of elder abuse. Generally, these APS laws establish a system for the reporting and investigation of elder abuse and for the provision of social services to help the victim and ameliorate the abuse. In most states, these laws pertain to abused adults (not just elderly) who have a disability, vulnerability, or impairment as defined by state law. Some states, however, have distinct elder protective services, laws or programs. The laws often vary because physical elder abuse may be more or less prevalent depending on the location. This research will express differences of elder abuse cross culturally between individuals of African American, Korean, and Chinese decent.

Purpose of the Study

The purpose of this study is to describe and analyze the attitudes toward elder abuse among caregivers in DeKalb County, GA and Gwinnett County, GA. The areas of elder abuse include physical, mental/emotional, neglect as well as financial abuse.

The specific topic in question regarding elder abuse is: What is the prevalence of elder abuse in various cultures in the world? The cultures being examined are African America, Korean, and Chinese. Within the context of elder abuse, this research will focus on neglect, physical, mental, emotional, and financial abuse. Additionally, this research will also examine the significance that government and education may have on advocating for elder abuse victims and knowledge of abuse. As society becomes more aware of the prevalence of elder abuse, there is an increased possibility that more will be done to prevent the abuse and protect elder individuals.

Significance of the Study

Being able to observe and research the attitudes toward elders in the African America, Korean and Chinese cultures will have an important impact on research, policy and practice in the social work field. According to policy, mandated laws are designed to report any sign of elder abuse and known acts of elder abuse. This research will allow policy makers to know and understand the severity and impact of various individuals for research as well as change the legislative agenda of the current policy. Recent research demonstrates that elder abuse affects the victim, the family agency, the community, as well as the abuser. Besides being illegal and fundamentally cruel, elder abuse raises many humane and ethical concerns. In many cases, the elder that is being abused may be

incompetent and therefore unaware of the various forms of abuse that are being inflicted upon them. From a legal standpoint, abuse is never worth the consequences when discovered. Elder abuse can result in jail time, loss of job/income, loss of credibility, loss of licensure, limited contact with the elderly, and a variety of other consequences. In some cases, removing contact between the elderly and the abuser is the best solution, but this could prove to be difficult in situations where the abuser is a loved one.

Within practice; social workers are able to help the victim with the abuse and provide assistance in obtaining more suitable living arrangements, personal care assistance as well as education of social work practitioners of geriatric population. For researchers and academic advisors it is their responsibility to present complete and accurate research in order to educate others about the different areas of elderly abuse and provide methods for preventing and recognizing the abuse. This research will allow practitioners to introduce further concerns within home care abuse. There are many laws that have been in place to protect the elderly; however, the lack of public knowledge and understanding related to these policies contributes to under reported abuse. From a standpoint of prevention, it is important for all individuals to be aware of the problem in order to promote the combined community effort to minimize elder abuse in the African American, Korean and Chinese communities.

Personal experience in hospice care indicated that gerontology related research is necessary. This literature will express the cultural differences between African American, Korean and Chinese elder abuse, the cause of elder abuse, and the types of elder abuse within these cultures. This research will provide a basis for distinguishing a commonality between the cultures and the given phenomenon.

Research Questions

The research questions of the study are:

1. Is there a difference between African American and non-African American caregivers' attitudes toward elder abuse?
2. Is there a relationship between a caregiver's level of education and their attitude toward elder abuse?

Hypotheses

1. There is no relationship between caregiver ethnicity in relation to their attitudes towards elder abuse.
2. There is no significant relationship between the caregiver's level of education and their attitude toward elder abuse.

CHAPTER II

REVIEW OF LITERATURE

The purpose of presenting this review of the literature was to demonstrate an intellectual groundwork of the research that has been previously evaluated by other researchers. This chapter is a review of the current and past legislation on elder abuse, individualized attitudes toward elder maltreatments as well as comparative research on the attitudes of elder abuse among the African American, Korean and Chinese cultures. Each culture has various attitudes toward abuse in context of financial, mental, emotional, physical and neglectful elder abuse. The review covers the perception of elderly victims as well as their caregiver's attitudes in African American, Chinese, and Korean cultures.

Elder Abuse

Over the years, elder abuse cases have and continue to increase. With 10,000 baby boomers turning 65 every day, the population of senior citizens is exploding (Greenlee, 2011). Doctors tell us that 35 percent of people over the age 71 suffer from Mild Cognitive Impairment, the symptoms of which include impulsiveness and poor judgment (Greenlee, 2011). Poor judgment from an elder is an open area for a perpetrator to take advantage of the mental decline. The U.S. Securities and Exchange Commission filed an emergency enforcement action to halt what the SEC believes is a pattern of such abuse.

June 15th, 2011 marked the 6th Annual World Elder Abuse Awareness Day. This is an important opportunity for Americans and people around the world to recommit to ending elder abuse, neglect, and exploitation (Greenlee, 2011). One way this administration is committed to fighting elder abuse is through the Elder Justice Act, which was signed into law by President Obama last year (Greenlee, 2011). The Elder Justice Act provides the first-ever authorization of Federal resources for adult protective services demonstrations to test the best methods of identifying, responding to, and preventing elder abuse, neglect, and exploitation. In fact, the President's 2012 Budget proposes \$16.5 million in first time funding for this purpose (Greenlee, 2011). The bill (S. 462: Elder Abuse Victims Act of 2011 112th Congress: 2011-2012) states the following:

A bill to better protect, serve, and advance the rights of victims of elder abuse and exploitation by establishing a program to encourage States and other qualified entities to create jobs designed to hold offenders accountable, enhance the capacity of the justice system to investigate, pursue, and prosecute elder abuse cases, identify existing resources to leverage to the extent possible, and assure data collection, research, and evaluation to promote the efficacy and efficiency of the activities described in this Act. (Greenlee, 2011)

The concern and urgency to put forth this elder abuse act is the projected increase in elder population as people live longer. News and television have focused on funding for Adult Protective Services. However, the lack of research and educated staff continues to pose a problem in elder abuse detection and prevention. Adult protective Services state

that the greatest deterrence for elder abuse are the family, neighbors, and friends who remain aware of the problem and take a stance against it.

History of Elder Abuse

Studies on the prevalence of elder abuse have varied greatly. It is estimated that anywhere between 500,000 and five million older Americans are abused every year.

Researchers have also concluded that, based on the Iceberg Theory, as much as 84% of elder abuse cases may go unreported. Congressional interest in elder abuse dates back more than two decades (Anonymous, 2002).

In June 1980, the U.S. Senate and House Committees on Aging held joint hearings on the topic of elder abuse. Numerous witnesses described both individual cases of abuse and statistical information about large scale trends (Anonymous, 2002). An April 1981 report from the House Select Committee on Aging estimated that 4% of adults over age 65, or one million seniors nationwide, were victims of abuse. The report, entitled “Elder Abuse: An Examination of a Hidden Problem,” noted that the total number of abused elders in the U.S. was very nearly equal to the entire population of the nation’s nursing homes at the time. The report compared statistical evidence of the prevalence of elder abuse with that of child abuse and suggested that protective services for elders should receive 25% to 40% of total funding allocated by the states for protective services. Instead, the Committee reported that states were spending only 6.6% of protective services monies on senior citizens. The Committee called this a “serious and unjustified imbalance.”

In 1996, according to the study, 449,924 persons aged 60 and over experienced abuse and/or neglect in domestic settings. Of this total, 70,942 (16%) were reported to, and substantiated by, APS agencies, but the remaining 378,982 (84%) were not reported to APS (Anonymous, 2002). The study estimated that over five times as many new incidents of abuse and neglect were unreported than those that were reported to, and substantiated by, APS agencies in 1996. The measurement of these unreported cases describes what is known as the Iceberg Theory of elder abuse, referring to the large number of cases of elder abuse that go unreported to the APS system throughout the country.

History of the Elder Abuse Legislation

For every policy or concern in society, there is a history of cases and incidents preceding it. An anonymous article written in the Journal of Elder Abuse and Neglect, gave a synopsis of the historical view on social work and the current stance the government related to the situation. Congressional hearings on elder abuse began over a quarter century ago (Anonymous, 2002). Even though elder abuse was acknowledged as a problem, to this day the federal legislative and departmental activity for addressing the problem has been slow and lacks conditions and comprehensiveness (Anonymous, 2002). This situation may exist because, in many cases, elder abuse is not considered to be as much of a problem when compared to abuse against women and children. However, statistics have reported that anywhere between 500,000 and 5 million older Americans are abused annually and of these cases 84% are underreported (Anonymous, 2002).

This research will establish some causes about why elder abuse may be under reported and under researched. An April 1981 report from the House Select Committee of Aging estimated that 4% were victims of abuse. These statistics indicate that either the number of older American abuse cases has increased or the underreported rates have decreased (Anonymous, 2002).

Between the years of 1985 and 1990, there were reports of elder abuse which were linked to the Child Abuse Prevention Act, so that elder abuse issues were put on the books and passed as a bill (Anonymous, 2002). Each report consisted of recommendations that illustrated the severity of elder abuse and the need for funding. Adult Protective Service (APS) was developed under these reports and became the main service to collect and establish a system of awareness and combat elder abuse. In 1992, there was a report assessed in federal and state laws for prevention, identification and criminal prosecution of elder abuse (Anonymous, 2002). Around the time this report was published, the Violence against Women Act passed; however, the APS committee continued to push forward in their efforts to stop elder abuse. In recent years, the Senate Special Committees of Aging have held a series of hearings to expose a wide variety of ways in which our nation's seniors are abused and defrauded (Anonymous, 2002). However, no significant change has been made.

While many of these reports and hearings may seem dated, there has been an increased interest in elder abuse over the last ten years. In fact, in 1998, the National Association of Adult Protective Services Administration attempted to gather reliable data from APS in order to collaborate with reporting reliable stats (Anonymous, 2002). The collaboration revealed a greater problem with elder abuse, which is that elder abuse is

often even more difficult to detect than child abuse because the social isolation of some elderly people may increase both the risk of abuse as well as the ability for outsiders to detect it. When it comes to elder abuse, there is no set time or place for the abuse to occur. The main purpose of this article was to make the reader aware of the current concerns. The most important information of this article is the amount of under reported and reported elder abuse, as well as having the agencies and program help to implement change (Anonymous, 2002). The author's key concept of severity and historical view on the subject was important in illustrating the need for congressional help.

For domestic elder abuse, APS reports that 90% of victims are related to their abusers, thus decreasing the reporting rates (Anonymous, 2002). At an institutional level, elder abuse is often reported by relatives and detected by social workers on staff at the facilities. However, the rates for institutional abuse are not always reliable as institutional management business goals take precedence over the safety of patients. There is little data on how many senior citizens are being financially abused; however, it is confirmed that persons over 50 control at least 70% of the nation's household net worth (Anonymous, 2002). This fact alone increases the possibility that financial abuse data could expose a significant problem. Considering the above concerns and statistics, one would think that the funding for elder abuse services would be greater; however, this is not the case.

According to the Department of Health Services and the Department of Justice, groups try to implement programs and agencies to tackle the elder abuse issues; however, government support is often lacking. The economic downturn has contributed to the decrease in program funding and therefore slowed the aid for programs pertaining to

elder abuse. Although, the epidemic of elder abuse is becoming more popular, advocacy is minimal.

African American Perspective

Introduction

Cultural perspectives and standards can dictate the response and treatment of abuse. The African American culture has a custom of understanding that is standard for their culture. Elder abuse actions can stem from numerous aspects of one's life. In the article written by Paranjape, Sprauve-Holmes, Gaughan and Kaslow, a connection between family violence and elder abuse is established. They stated that family violence (FV) among older women is defined as actual or threatened acts of physical and sexual violence, neglect, or emotional and financial abuse directed toward an older woman by a family member, including an intimate partner (2009).

African American Attitude Toward Financial Elder Abuse

Paranjape et. al. (2009) focused solely on African American women. Dimah and Dimah (2002), on the other hand, studies the gender differences related to elder abuse among African Americans and their abusers. Dimah and Dimah were able to understand the gender differences among African Americans and elder abuse with specific analysis related to the changing structure among the African American family. Their article stated that there are higher divorce rates, delays in marriage, as well as other factors that lead to a proportionally high number of African American females as heads of households who are often required to care for their young ones as well as aging relative (Hildreth & Boglin, 2000). Within this analysis was a Black caregiver's report which indicated that

caring for the elderly is extra stress and many individuals lack temporary relief from their roles as caregivers. Conclusively, the research found that older African Americans were more susceptible to financial exploitation and intentional abuse (Dimah & Dimah 2002). Other than intentional physical neglect, there were no significant gender differences between female and male victims in their mistreatment (Dimah & Dimah, 2002). Both male and female abusers were equally engaging in caring for their aging relative and more likely to be children of the victim and living with them. Lastly, they found that females are more likely than males to be abusive to aging relatives (Dimah & Dimah, 2002). These findings have a direct correlation to the family structure of the African American family and the lack of relief placed upon the caregiver.

African American Attitude Toward Mental Elder Abuse

Generally, many African Americans view emotional and mental abuse in a more tolerant light and believe that their elder parental care should be done by the eldest daughter within a family (Tauriac & Scruggs, 2006). Another important category that has been discussed is economic abuse and financial exploitation. African Americans view this abuse as most pervasive, unless it is being used for educational purposes (Tauriac & Scruggs, 2006). To summarize, this article demonstrated the tolerance perspective of elder abuse in the African American community. Tauriac and Scruggs addressed the components of elder abuse within the African American community.

African American Attitude Toward Physical Elder Abuse

Family violence encompasses elements of intimate partner violence (IPV) and elder mistreatment (EM), both linked to adverse health outcomes. Recently, Paranjape et al. has found that there is increasing attention directed toward understanding the effects of FV on the physical and mental health of older African American women (2009). According to the National Health interview Survey (NHIS), a nationally representative survey designed to monitor the health of the United States population (Paranjape et.al, 2009); one third of adults age 75 and one fifth of adults age 65-74 report their overall health is either fair or poor, with African Americans less likely to report being in good health than non-Hispanic, white or Asian Americans (Paranjape et.al, 2009). Tauriac and Scruggs' article took a different approach toward elder abuse by analyzing the perception and tolerance of elder abuse in the African America community. The results indicated that physical aggression was the most frequently offered example of abusive behavior, along with verbal aggression (2006). This finding is consistent with previous findings that physical abuse of elders is especially intolerable among African Americans. However, according to this article, African Americans do not view verbal abuse as a major issue. Verbal abuse could be especially pervasive and potentially harmful among African Americans because the younger people and potential caregivers perceive it to be more acceptable and inconsequential (Tauriac & Scruggs, 2006).

African American Attitude Toward Neglectful Elder Abuse

This difference in health status reflects the area of increase toward elder abuse. These elders are at a higher risk because they are more dependent on care and services. In

this study, Paranjape et al. found that African American women reporting high lifetime FV exposure also reported worse health status than their peers who were not exposed to FV and/or elder abuse (2009). Lastly, this article found that overall health status of those who have experienced high levels of FV is much lower than published norms for both African American and women in general but is similar to the health status of the chronically ill, economically disadvantaged, unemployed, targeted population (Paranjape et. al., 2009). Elder abuse and FV are representing these areas with high risk among African American women.

African American General Conclusion

The most important take away from this article is the idea that cultural concepts related to upbringing and moral codes can change throughout cultures. Tauriac and Scruggs (2006) emphasized the key ideas in the African American community as related to their respect for the elderly and familial roles in providing care. While the views expressed in a variety of research material touched upon many similarities within the African American community, it is important to note that these ideas cannot be assumed true for the entire community.

Chinese Perspective

Introduction

Globally, the current understanding with regard to elder mistreatment is very limited, especially in those areas of developing countries. Some may say that this is due to cultural norms which restrict the flow of information to outsiders. However, XinQi,

Simon, Odwazny and Gorbien state that recent evidence suggests that elder mistreatment in China is common, yet little is known about risk or protective factors associated with elder abuse mistreatment in China (2008). This gap in knowledge has inhibited the understanding of the global problem of elder mistreatment and has hampered potential preventative strategies to combat it. XinQi et al.'s article suggests that mistreatment by the youth within Chinese cultures is unconsciously done because of different lifestyles as compared to the elders receiving care (2008).

Chinese Attitude Toward Financial Elder Abuse

Financial elder abuse occurs to a significant proportion of Chinese seniors who do not have pensions or retirement incomes. Their only way of supporting themselves is to depend on their scanty savings or to receive assistance from their children and grandchildren. XinQi, Simon, Gorbien, Percak and Golden's article reports that this lack of money lessens the ability to perform financial elder abuse (2007). Not only does this article emphasize on the understanding that Chinese elder abuse is lessened throughout their culture due to their income, but also due to this view many individuals feel that if there is extra income then others are entitled to the funds for helpful purposes (XinQi et. al, 2007).

Chinese Attitude Toward Physical Elder Abuse

A study was conducted measuring the proclivity of elder abuse in China. This study examined the attitudes and behaviors toward elderly people of individuals at community centers, various professional organizations, as well as college students. Of

those that were surveyed, some of the recipients lived in Hong Kong and the others in the United States. Results showed that about 20% of the participants reported would display one or more of the depicted abuse behaviors toward an elderly person if there were no sanctions. However, participants stated that they did not perceive some of their actions as elder abuse (Yan, 2003). The three most commonly endorsed items under proclivity to verbal abuse was saying it out of spite, insulting, and shouting at an elder (Yan, 2003). Proclivity to physical and social elder abuse was slightly lower (Yan, 2003). The more commonly endorsed items under proclivity to physical abuse were slapping, kicking, biting, hitting or twisting arms and/or hair (Yan, 2003). The most commonly endorsed item under proclivity to social elder abuse was not allowing an elderly person to visit his or her friends and relatives (Yan, 2003).

The finding on proclivity rates and previous research on prevalence rates converged to indicate the increasing vulnerability of elderly Chinese as victims of violence and abuse in contemporary Chinese societies (Yan, 2003). Lastly, this research showed that although overall there are negative views toward elder abuse behaviors, many of the participants reported did not perceive some of their actions as abuse.

In contrast to the Yan article, Arai conducted a study focusing on the perception of elder abuse among Japanese women and men. Arai, found that Japanese women and men both disapprove of physical aggression such as “hitting with metal bat,” followed by neglect and blaming such as “being a selfish son who makes his elderly mother follow his orders.” These examples were viewed as abusive behavior (2006).

Chinese Perspective Toward Neglectful Elder Abuse

Loneliness is one of the main indicators of social wellbeing and is often manifested by intense feelings of emptiness, abandonment, and forlornness (XinQi et. al, 2007). More importantly, loneliness has been associated with increased immortality and suicidal ideation. Furthermore, the feeling of loneliness has heightened vulnerability and dependency and consequently may have given rise to elder abuse and maltreatment. Social change brought about by industrialization and urbanization has posed great challenges to traditional Chinese values, and Chinese families are now at a crossroads of modernism and traditionalism (XinQi et. al, 2007).

This social change is in question if this change in environment and customs could result in elder mistreatment. Some elders in China are suffering from social changes because the younger caregivers do not recognize what constitutes abuse. Younger generations are exposed to a diverse realm of value systems in addition to traditional Chinese values. Many may prefer to pursue individual development instead of fulfillment of their prescribed social and familial responsibilities (XinQi et. al, 2007). XinQi et al.'s previous research is specific to China; however he has recently found in other research that elder abuse is increasingly common with an estimated 2 million elderly suffering from abuse and neglect annually in the United States alone (National Center of Elder Abuse, 2006). His findings suggest that along with loneliness, there is also a depressive disorder phenomenon that has swept through Chinese culture. This depression has been associated with worsening functioning and cognitive impairment and decreased quality of life (XinQi et. al, 2007). This depression imposes an immense burden on caregivers, individuals, communities, and health services. These are areas in which elder

mistreatment is reported because of the increased lack of patience and understanding that is displayed in the Chinese community. In retrospect, this lack of patience leads to neglect and has been alarmingly common among the urban Chinese populations in the United States (XinQi et. al, 2007). Depression and depressive symptoms have been associated with abuse and neglect in western literature.

Fulmer (2002) suggests that elders with depression were more likely to be the victims of elder abuse and neglect. A recent study by Kim, Yang and Kim suggests that depression and dependency are frequently found among the victims of psychological abuse (2005). Although evidence suggests that depression may pose a risk factor for elder abuse and neglect in the Chinese community, it is also possible that elder abuse and neglect may lead to depression and worsen depressive symptoms (XinQi et. al, 2007).

Organizational Attitudes Within Chinese Perspective

Nevertheless, many different organizations try to combat elder abuse. In Manigbas' article, The San Francisco Protective Services agency report that 10.06% of 2,121 active cases of elder abuse reported as of March 2001 involved Asian Americans (Manigbas, 2002). Because Chinese people rarely expose subject matters that are considered family business to outsiders, the reporting rates of the Chinese community are minimal. Chinese American individuals also may encounter adaptive concerns to the American culture and therefore accept abuse thinking that there is simply no other way. This adaptive concern could also serve as a stressor for the abuser, thereby increasing the probability for abuse (Manigbas, 2002). This concern in the Chinese community is a part of the social exchange theory in which families from Hong Kong brought about

urbanization and western influences that have gradually eroded traditional Chinese family relationships (Yan & Tang, 2004).

However, as a positive sign, the Chinese community is working with support groups in order to feel more like there is a community effort, learn that they are not alone, and share their thoughts, feelings, and concerns regarding their experiences (Manigbas, 2002). Various authors focus on giving a distinct difference between the Chinese community and others. The Chinese community focused more on traditional practices and family cohesiveness. One key issue emphasized in both of these articles is the understanding of family standards and the difference between Chinese Americans and native Chinese. Elder mistreatment is still very much entrenched in Chinese society. More than likely this is because of the low level of societal awareness; elderly people's disinclination to reveal it in order to preserve family peace, dignity, and honor; and the perception that elder mistreatment is a private family affair that should not be revealed to outsiders (XinQi et. al, 2007).

Conclusion

Physical aggression was also the most frequently mentioned type of moderate elder abuse, followed by neglect, economic maltreatment, emotional abuse, verbal abuse; blame and psychological abuse (Arai, 2006). This study suggests that the latter abuse, verbal blame and psychological abuse are potentially done more often because they are not perceived as extreme.

Korean American Perspective

Korean Attitude Toward Financial Elder Abuse

Elder mistreatment studies that include a focus on financial exploitation to assist professionals in the identification of the issues explore the various areas of the individual culture and habits related to values and attitudes. Research completed by Lee and Eaton establishes a mixed analysis of elder abuse among Korean families. Their research examined how elderly Korean immigrants perceive and respond to the problem of financial abuse articulated in hypothetical situations (Lee & Eaton, 2009). In their research, they found that compared to African Americans, Koreans were more tolerant of potentially abusive case scenarios, especially in the instance of financial abuse (Lee & Eaton, 2009). They recognized that this minority group is less likely to view financial abuse as mistreatment due to their interpretation that financial abuse is more a form of resource sharing to less fortunate member (Lee & Eaton, 2009). Koreans also consider financial exploration as the provision of financial help to their children or grandchildren (Lee & Eaton, 2009).

Lee and Eaton also established a difference within perception of mistreatment within Korean American and Korean elderly immigrants. Their research stated that those that are Korean immigrants and have lived a collectivistic life primarily see finances as a family obligation and a way of life whereas Koreans born in America will likely practice more of an internal right and personal preference, rather than collective welfare (Lee & Eaton, 2009). Due to this minority lack of identification of potential abuse possible leads to the decrease in help-seeking behavior and thus to the underreporting of cases in this population.

Korean Attitudes Toward Mental Elder Abuse

In separate research, Lee also observed the impact that cognitive dementia has on elder abuse in Korea. Lee found, family caregivers who provide care to older adults with severe cognitive impairment are less likely to emotionally and/or physically abuse their recipient (Lee, 2008). Caring for mentally and/or physically impaired elderly persons at home is very common for adult children or other family members in South Korea (Chee and Levkoff, 2001). Due to the lack of cognitive impairment of these individuals emotional abuse is decreased. In Lee's research the data found that caregivers were less likely to emotionally abuse their care recipients who had severe physical disabilities (Lee, 2008).

One explanation is that caregivers generally tended to abuse older adults who were physically healthy but had severe cognitive problems. Second, caregivers who reported a higher level of informal support were more likely to abuse their care recipients. Perhaps these family caregivers had a higher level of informal social support because they were already in very demanding care giving situations due to the care recipients' severe cognitive impairments (Lee, 2008). Furthermore, caregivers of cognitively impaired elderly expressed greater subjective burden and negative impacts on their lives (Lee, 2008). The perceived reasoning for this abuse by Korean relative caregivers was the lack of social support as well as being in a high demanding care giving position. Lee stated that his research confirmed that formal social support is a very important mediating factor in reducing the severity of elder abuse along with a

tremendous need for psychosocial support services and programs for family caregivers (Lee, 2008).

Korean Attitudes Toward Neglectful Elder Abuse

Above all of the issues that can be acknowledged for elder abuse among Koreans, neglect was seen as the most severe form of elder abuse in the Korean community (Jang, 2009). Unlike the previous article reviewed, the Korean perspective of elder abuse centered on the idea that reporting elder abuse was hard to determine because of retaliation fears with the Korean culture. In Jang's research, neglect was illustrated in verbal and psychological forms that are seen as moderate and mild abuse. Neglect was commonly listed as extreme abuse which included not providing care and meals, indifference and abandonment (Jang, 2009). Within neglect, psychological neglect was a common example which included treating the elderly as if they were a burden or children and giving mental anguish (Jang, 2009). Although this is considered neglect, it can also be understood as mental and emotional abuse. Through interviews with Korean individuals in this research, the emphasis on the abusiveness of neglect indicates the importance of taking care of old parents in Korean culture and the likelihood of perceiving failure to do so as a form of elder abuse (Jang, 2009). Honoring elders and taking care of them seems to be the most critical factors in Korean judgment of elder abuse.

Organizational Attitudes within Korean Perspective

Korean elders and caregivers often rely upon cultural norms to assist in understanding how to treat elders in their community. Some of the risk factors in the Korean community were that there was a support burden on family, elder sociability, personality and environmental issues (Dong, 2004). In contrast to the other cultures, there is limited financial wealth for elders, increasing the financial burden that elders may pose upon family. Although the vast majority of the sample identified the situations as elder abuse, only two-thirds of them reported the intentions to pursue help if they do see it as wrong and the remainder expressed no help-seeking intentions for the situation (Lee & Kolomer, 2005). Some of the reasons share collectivism or independent Korean values in families (a) tolerance of the abuse; (b) issues related to the family problem; (c) shame; (d) victim blame; and (e) mistrust toward third party intervention (Lee & Kolomer, 2005). Within the support systems, it is hopeful that social services can help introduce better coping and management skills that would in return help to reduce elder abuse (Lee, 2008).

Korea developed broad media coverage of elder abuse incidents in recent years which led to an increase in public awareness of mistreatment and elder abuse in the country. In response to this awareness, the Older Adult Welfare Law (OAWL) was amended in January 2004 and implemented in July 2004 (Doe, Han & McCaslin, 2009). The 2004 Amendment of the OAWL defined the concept of elder abuse and established a firm legal foundation for providing protective services for abused older adults (Doe et al., 2009). This policy brought forth many ethical dilemmas about reporting abuse cases. Two of the most significant dilemmas are: (1) the abused elder may not be placed in an

adequate permanent care facility outside the home because of the lack of community-based social service systems and, (2) the older adult's existing relationship with the abuser and/or other family member may be jeopardized further, even if the abused does not pursue a suit against them (Doe et al., 2009). With these concerns at hand, social services face the dilemma of protecting elders while still respecting ethics and culture. This article presented various perspectives, both positive and negative, impacting tolerance of elder abuse in the Korean community.

General Conclusion

In contrast to the African American community, the Koreans believe that the responsibility should be on the oldest son (Jang, 2009). Jang's article stated that men are usually in a better position to give care. However, a Minhong Lee study states that of the primary caregivers who lived with care recipients, and of these primary care givers, the daughter in-laws, spouses, daughters and sons (in this order) are the primary care givers in Korea. Thus, this study revealed that women usually provide care for disabilities and the daughter in-laws perform the primary care giving role for frail or ill family members (Lee, 2008). In addition, this research revealed that significant violence happens in families living with an older relative with physical or cognitive disabilities. This study also reported that the level of abuse was different for those that had a high disability.

Cross Cultural Perspective

Understanding cultures in an individualized manner allows one to understand each culture however; this cross-cultural perspective will compare and contrast the

Korean, African American, and White culture to differentiate similarities and differences.

Out of all of the articles that were illustrated in this study, the article by Moon and Benton, did a direct correlation between African American, White and Korean elder abuse. This study found that African Americans have more of a tolerance for verbal abuse over White Americans. However, African Americans feel that the act of ignoring, which is a sign of neglect, is more of a psychological abuse (2000).

The largest difference between the cultures when it comes to financial abuse is that Koreans show a higher tolerance of abuse compared to Whites and African Americans. This however, has to do with the form of reimbursement of financial help for care. When it came to the understanding of third party intervention into elder abuse there was an understanding that the majority of respondents supported a third party intervention and the majority if elder abuse incidents to the authorities, a considerable percentage of respondents, especially Korean Americans. This article understood the different dynamics of elder abuse in different cultures however; it did not start out by understanding the definition of each article according to the standards of this article. The main assumption that the author is thinking is that there is a greater difference between Koreans and the other cultures than that of African American and Caucasian cultures. The key concepts reflect the fact that the impact on the traditional upbringing of one's culture can dictate one's attitude toward elder abuse actions.

Caregivers Attitude toward Elder Abuse in relation to their Education and Experience

The current research lacks the understanding and impact that education and years of experience has on research. As stated in Moon and Benton, (2000) many caregivers are

overwhelmed with stress due to care giving and in return place the frustration on the elder via abuse. Current research implies that the stress is a reasoning of why some caregivers may inflict harm to elders however, it does not explain as to which how time impacts the level of stress. Also, there is also a gap in research in considering the level of education that a caregiver has obtained as an implication that they are knowledgeable to not inflict elder abuse. This research will explore these gaps and include an analysis of understanding a facilitated environment.

Afrocentric Perspective

There are many whole world perspectives and areas of culture that dictate how concerns for our environment are displayed. The Afrocentric perspective focuses on the cultural perspective of African Americans. This study analyzed the various ways that African Americans view elder abuse and the ways that they differ from other cultures. Some of the African American culture of aging and ways that elders function focuses on community, friend and familial resources, church and religion, impact of physical and emotional resources and psychological and social functioning. These topics exist in many cultures however; the Afrocentric perspective allows us to focus on the way that African Americans target aging and elder abuse.

This Afrocentric social work model views the client with an African ancestry with minority status in the community as in need of unique cultural understanding in the helping process (Cavanaugh, 2010). One minority status that may encompass higher change of elder abuse could include religion, lack of jobs, health and resources for treatment as well as perception of elder abuse through ancestral views. The Afrocentric

worldview centers around the beliefs are as follows: (1) the highest value of life lies in the interpersonal relationship between men; (2) one gains knowledge through symbolic imagery and rhythm; (3) the survival of the group holds the utmost importance, significant and inner divinities hold the most significance; and (4) all men are considered to be equal, share a common bond and be a part of the group (Cavanaugh, 2010).

Specifics to the Afrocentric perspective is the concept is humanistic values, autonomy, strengths perspective, matrix roles, spiritual balance, collective view of self, intuitive and significance of self-knowledge and person experience. These basic concepts forces on the understanding that everyone is human and they deserve a holistic understanding and respect of life and free from harm and violation.

The Afrocentric perspective also highlights the need to understand self-including the perpetrators understanding of why they may do the actions of abuse. Being able to recognize and accept the importance of emotion in determining the wrongs and rights of human harm. The Afrocentric perspective allows one to place priority on eliminating human oppression and enhancing human potential (Schiele, 1997). Elder abuse is a solidified way to oppress an individual by taking property and verbally exhibiting negativity. Although most of the research and articles in this research are from the United States, social workers worldwide can find it useful in helping racial or ethnic minority clients everywhere as well as using the Afrocentric perspective for all other cultures (Schiele, 1997).

Lastly, the Afrocentric perspective is universalistic and particularistic which is the degrees to which focus in problems and situations that occur both within and without the African community or the People of African descent community (Schiele, 1997). As this

research cross-references Korean, Chinese and African American culture it can be demonstrated that it is not an individual communal abuse but it is worldwide.

Theoretical Framework

The theoretical basis for this study is the Social Ecological Model (SEM) and Social Conflict Theory (SCT). Social Ecological Model is a theoretical framework that studies people in an environment and their influences on one another (Oetzel et al., 2006). Health and SEM is linked to illustrate the ways that many ecological factors that potentially influence, improve or harm a person's physical and mental health. The Social Ecological Model influences elder abuse on complex levels between individual, relationship, community, and social factors (Dahlberg & Krug, 2002). These complex areas of the model also include prevention strategies that can help sustain prevention efforts over time and interventions to combat elder abuse. The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence (Dahlberg & Krug, 2002).

When working with elders, illness and personal life factors such as trauma, education, and income can dictate the extent of service and dedication that the elder may need from their caregiver. These concerns can also build the level of stress on the caregiver during service. Each elder had different situations; however none of them deserved to be abused because of them.

The second level is relationships. In the research, relationships may vary from elder to elder. During elder abuse interpersonal relationships, level influences are factors that increase the risk as of relations with peers, intimate partners, and family members.

Within this research the survey was not only in relation to relatives but also to any caregivers that take an intimate time with that individual (Dahlberg & Krug, 2002). Although there are numerous avenues of research that state that a high percent of elder abuse is among relatives, this does not single out the understanding that it can be perpetrated by nurses, social workers, and doctors.

The third explores the settings, such as nursing homes, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence (Dahlberg & Krug, 2002). For examples, according to the ecological model, a lack of enforcement of elder maltreatment laws in a community can send a message that elder maltreatment is tolerated, and there may be little or no consequences for those who perpetrate violence against elders (Oetzel et al., 2006). Lastly, the Social Ecological Model states that societal influences are larger, macro-level factors that influence elder maltreatment such as religion or cultural belief systems, social norms, and economic or social policies that create or sustain gaps and tension between groups or people (Dahlberg & Krug, 2002). With any maltreatment or abuse there are various levels to the act. Within elder abuse, there is financial, neglect, emotional/mental etc. With there being a variety of ways that abuse can be perpetrated, cultural factors play into account if the culture has standard on how individuals are treated, however, another culture's norms may feel it is elder maltreatment that can be a concern with laws and generating boundaries of care.

Another theoretical basis for this study is the Conflict Theory. The conflict theory hypothesizes that conflict is assumed the normal focused on coercion and use of power to bring about social change. Some basic principles and concepts of Conflict Theory include

disadvantage population, social injustice, deprivation and inequality. Elder abuse is a newly developed focus of justice in that it was misjudged, researched and has various grey areas of understanding. Elders are a population that depending on the culture and respect of individual people and situations can or cannot be respected. The focus of child maltreatment is seen to be the focus and known area of abuse. Elder maltreatment key focus for the Conflict Theory is power that has been lost and obtained by the caregiver and/or perpetrators and the conflict/confrontation that may be caused due to unjustifiable wrongdoing.

Within the Conflict Theory, there is also a concern with minority population. Minority is seen as the group that has limited access to power, even though they may be a larger group. This is subsequently true with elders in that they develop a limited amount of power due to mental and physical health decline (Biggs, Manthorpe, Tinker, Doyle & Erens, 2009). Lastly, consciously and subconsciously transitioning into elder status is seen as normative or a healthy aspect of social life however, developed conflicts from those that have not entered into that state and therefore elders become taken advantage of. Through these theories the lack of awareness and access to minimize elder abuse manifest and the barriers to mental and physical health is understood.

CHAPTER III

METHODOLOGY

Chapter three presents the method and procedures that were used in conducting the outcome evaluation. The following are described: research design, description of the site, sample and population, treatment of data, and limitations of the study.

Research Design

The descriptive and exploratory research design research was used in this study. This study was designed to obtain data in order to describe and explain the attitudes of elder abuse among various caregivers as well as the elders that identify with the African American, Korean and Chinese cultures in DeKalb County and Gwinnett County, Georgia as well as a comparison of elder abuse ethnicity and their level of education obtained.

Description of Site

The study was conducted in DeKalb County at Peachford Mental Health Hospital as well as a Gwinnett County YMCA facility. Peachford Mental Health Hospital was selected in that research was conducted on the geriatrics unit. The geriatric unit consists of nurses, therapist, social workers, mental health assistance and doctors that care for elderly from the age of 65 and up on a 24 hour basis. This care giving staff cares for

African American, Caucasian, Korean and Chinese elders. The Gwinnett County YMCA facility was selected because there is a local Korean and Chinese elderly church group that organizes a workout group at the facility weekly with elders and their caregivers. The major reason for collecting research at these sites was the accessibility to Korean, Chinese and African American caregivers and elders in one environment.

Sample and Population

The population for this research study was composed of caregivers of elder men and women from the age of 60 and up who identify with the Korean, Chinese and African American culture. Thirty two (32) caregivers consisting of nurse practitioners, registered nurses, social workers, doctors, psychiatrists, relatives and advocating services who indicate that they care for elders in the prospecting cultures were the targeted group for the study.

The sample was a convenience sample of caregivers that care for elders ages 60 and up for any amount of time in the Gwinnett County YMCA and the DeKalb County Peachford Mental Health Hospital. Each participant was asked to sign a consent form for submittal of information. After completing the demographic questionnaire as well as the survey, each participant was given a chance to receive a copy of the signed consent form. Fifty questionnaires were made for administrations however, a total of 37 participants participated in the perception questionnaire. Out of the 37 participants only 32 of the questionnaires were able to be used due to research data requirements of participant ethnicity of African American, Korean or Asian culture.

Treatment of Data

Data was collected and analyzed by the Statistical Package for the Social Sciences (SPSS). The analysis utilized descriptive statistics, which measures of central tendency and frequencies. A demographic profile was developed on the participants. A Likert scale (1=Strongly Disagree, 2= Disagree, 3= Disagree, 4= Strongly Agree) was utilized for general frequency distributions in order to analyze participant perception. T-square was used as the test statistic to determine if there was a statistically significant relationship between the main variable of the study. T-squared were conducted on the difference of attitudes of elder abuse among Korean, African American, and Chinese cultures and the attitudes of elder abuse among caregivers of elders in the Korean, African American and Chinese cultures.

Data Collection

The study utilized a questionnaire to collect data. The questionnaire was entitled *The Study of Caregivers Perception of Elder Mistreatment in Different Cultures*. The information obtained from the questionnaire included patient demographic data: gender, age, participant's ethnicity, education level, and ethnicity of elderly participant caregivers, participant's relationship to the elder and length of time participant has been in care giving role. Along with the participant demographic there is also opinion response used to gauge each person's perception on what is considered elder abuse. In order to generate an opinionated response, categorical statements were collected around the following categories: financial, mental/emotional, physical and neglect. The researcher

generated these statements by analyzing the various definitions of these four different types of elder abuse. The statements signified how these acts of abuse are misunderstood and perceived by allowing the participant to respond to the statement with a strongly disagree, disagree, agree and strongly agree statements.

Limitations of the Study

Limitations to this research were quite significant. The first limitation was the limited number of surveys that were able to be obtained. Obtaining the surveys was a challenge due to the language barriers among the staff, caregivers, and elders in the Korean and Chinese community as well as the access to the sites. Some of the elders are being cared for by the same culture as which the elder identifies. Under these circumstances, the elder and the caregiver speak in their native language. This concern was also found in calling the Korean and Chinese sites to speak with staff members. Language continued to be barrier in the administration and completion of the research questionnaire. The questionnaire was written in English and no translation was available for non-English speaking individuals. A multi translated questionnaire would assist the given participants so that there is not a language barrier.

Peachford Mental Health Hospital was an accessible site due to the researcher's individual work; however, permission had to be provided through Peachford's corporate administrative director. This approval caused delays in time. Additionally, Peachford services predominantly African American and Caucasian elders leaving minimal opportunity to evaluate the Korean and Chinese perspectives. In wanting to obtain

participation for the Korean and Chinese community there was hesitation for staff, elders as well as caregivers in that they did not want to talk about elder mistreatment for fear of retaliation and/or investigation. This issue limited the number of participants that could be included in the research. If this was not a noted limitation a larger sample of individuals would add to the number of participants in the data set within DeKalb and Gwinnett County participants.. Additionally, the generally private Korean and Chinese cultures were not comfortable speaking with individuals outside of their own culture. Not all participants are Native Americans therefore their safety and privacy, because of their migration, strikes a concern.

The method of sampling was a concern. In this research, a larger representative sample of the Korean, African American and Chinese elders and caregivers, including those that are native from perspective cultures would benefit in an additional study. Not only is the Native American representative important but to differentiate between the native born Americans. This distinct difference limited the comparison of different perspectives at large, and could result in a new study including research of other cultures such as Native American, Caucasian, and Hispanic.

Another limitation is that the researcher individually administered the questionnaires. This was done in the hope that individuals surveyed freely wanted to participate, and those that were interested in participation were available. This confines the researcher to only rely on available participants for convenience sampling data collection. Lastly, in the review of literature, there was a lack of scholarly literature on mental/emotional abuse within the African American and Chinese cultures as well as a

lack of literature for physical elder abuse among the Korean culture. This demonstrated a gap in research in that it limits the comparison between current and past research.

Nevertheless, this information and acknowledgment of limitation gives future researchers the ability to have variance in literature as well as debunk the barriers that the current research exhibits.

CHAPTER IV

PRESENTATION OF FINDINGS

The purpose of this chapter was to present the findings of the Elder Abuse Perception Survey. This survey gave various scenarios that were given to the caregivers to determine their opinions on whether these particular situations would be considered elder maltreatment. The perception questionnaire was provided to caregivers of elder men and women from the age of 60 and up who identify with the Korean, Chinese and African American culture. There were thirty two (32) caregivers targeted for the study consisting of nurse practitioners, registered nurses, social workers, doctors, psychiatrists, relatives, and advocating services who indicate that they care for elders in the prospecting cultures.

This chapter presents the findings of the outcome evaluation. The findings are organized into two sections: demographic data and research question and hypothesis.

Demographic Data

A demographic profile was developed of the study participants. Descriptive statistics were used to analyze the following: gender, age, participant's ethnicity, highest level of education, ethnicity of person participant caregiver, relation to the elder, and duration of care giving.

The study population was composed of thirty male and female participants: sixteen (16) males and sixteen (16) females. These participants were between the ages of

20 to 50 years old and identified their ethnicity as African American (53.1%), Chinese (25.0%), and Korean (21.9%). These participants indicated that their highest-level of education was high school diploma or GED (9.4%), some college (9.4%), college graduate (53.1%), some masters (15.6%), and masters and/or PhD/MD (12.5%).

Table 1 is a profile of the study participants. It presents the frequency distribution of the demographic variables.

Table 1

Demographic Profile of Study Participants

Variable	Frequency	Percent	Cum. %
Gender			
Male	16	50.0	50.0
Female	16	50.0	50.0
Age Group			
Under 20	1	3.0	3.1
21-37 yrs.	8	25.0	28.1
31-40 yrs.	12	37.5	65.6
41 & Up	11	34.4	100.0
Ethnicity			
African American	17	53.1	53.1
Chinese	8	25.0	78.1
Korean	7	21.9	100.0
Education			
High Sch. Diploma or GED	3	9.4	9.4
Some College	3	9.4	18.8
College Grad	17	53.1	71.9
Some Masters	5	15.6	87.5
Masters Degree/ PhD or MD	4	12.5	100.0

Table 1 Continued

Demographic Profile of Study Participants

Variable	Frequency	Percent	Cum. %
Ethnicity of Elder			
African American	10	31.3	31.3
White	2	6.3	37.5
Korean	11	34.4	71.9
Asian	9	28.1	100.0
Participant's relation to elder			
Nurse	9	28.1	28.1
Social Worker	3	9.4	37.5
Relative	12	37.5	75.0
Mental Health Assistant	8	25.5	100.0
Doctor	0	0.0	0.0
Advocating Services	0	0.0	0.0
Participant's length of time care giving			
Less than a year	0	0.0	0.0
1-2 years	3	9.4	9.4
3-4 year	16	50.0	59.4
5 or more year	13	40.6	100.0

Although many participants provided care for elders that are the same ethnicity as self in this study the distribution of service was as follows: African American (31.3%), White (6.3%), Korean (34.4%), and Asian (28.1%). The majority of the participants are caregivers for Korean elders (34.4%) with African American (31.3%) as the next highest

served of the participants. The participants were comprised of more relatives than social workers, and nurses. Generally, the relatives had been caring for the elder for approximately 3-4 years. As indicated in Table 1, the typical respondent of the study was an African American female, aged 41 and up and had been caring for a Korean elder for approximately 3-4 years.

Table 2

How long have you been care giving?

Variable	Frequency	Percent	Cum. %
Less than a year	0	0.0	0.0
1-2 years	3	9.4	9.4
3-4 years	16	50.0	59.4
5 or more years	13	40.6	31.2
Total	32	100.0	100.0

Table 2 is a frequency distribution of 32 individuals, comprised of men and women. This table indicated the number of years that the caregivers have been providing services for the elderly. Research states that being a caregiver can be very time consuming and rigorous. In researching elder abuse, it states that most reported abuse occurs because the caregiver is stressed and drained from performing the same job for a long period of time (Krienert et al., 2009). Of the 32 respondents, 50.0 % indicated that they have been care giving for 3-4 years and 40.6 % indicated five or more years.

Research Questions and Hypothesis

The research questions of the study are:

1. Is there a difference between African American and non-African American caregivers' attitudes toward elder abuse?

Hypotheses

1. There is no relationship between caregiver ethnicity as related to their attitudes towards elder abuse.

Table 3A

Attitude toward elder abuse among African American and Non- African American Caregivers- Independent T- Test

Attitudes Toward Elder Abuse	N	Mean	Std. Devi.	Std. Error Mean
African American	26	55.1538	7.79072	1.52789
Non African American	6	52.3333	5.98888	2.44495

Table 3B Results of Independent T-test of Attitudes by Ethnicity

	F	Sig.	T	df	Sig. (2-tailed)	Mean Differences
Equal Variance Assumed	.095	.760	-1.582	30	.124	-4.09412
Equal Variance Not Assumed			-1.580	29.357	.125	-4.09412

The independent t-test measures the attitudes toward elder abuse based on ethnicity either African American or Non-African American (Chinese and Korean). The results show that there is no significant difference between African American caregivers' attitudes and Non-African American ($t = -1.580$; $p > .05$) $df = 30$. On a nominal scale, this study reported that African Americans did not have a significantly higher level of attitude toward elder abuse at $X = 55.1538$ rather than Non-African Americans at 52.33. The mean difference was -1.582. According to the chart, the African American and Non-African American is no significant difference and therefore view elder abuse in the same manner.

Research Question

2. Is there a relationship between the caregiver's educational level and their attitude toward elder abuse?

Hypothesis

2. There is no relationship between the caregiver's educational level and attitude toward elder abuse.

Table 4 Caregiver Attitudes in Relation to Their Education Level- Independent T- Test

Elder Abuse Attitudes	N	Mean	Std. Devi.	Std. Error Mean
College Grad	26	55.1538	7.79072	1.52789
Non College Grad	6	52.3333	5.98888	2.44495

Table 5 Results of Independent T-test of Attitudes by Ethnicity

	F	Sig.	t	Df	Sig. (2-tailed)	Mean Differences	Std. Error Diff.
Equal Variance Assumed	.532	.471	.828	30	.414	2.82051	3.40610
Equal Variance Not Assumed			.978	9.382	.352	2.82051	2.88309

The independent t-test measures the attitudes toward elder abuse based on ethnicity either African American or Non-African American (Chinese and Korean). The results show that there is no significant difference between African American caregivers' attitudes and Non- African American ($t = .532$; $p > .05$) $df = 30$. On a nominal scale, this study reported that African Americans did not have a significantly higher level of attitude toward elder abuse at $X = 55.1538$ rather than Non- African Americans at 52.33. The mean difference was 2.82051. According to the chart, the African American and Non African American shows no significant difference and therefore view elder abuse in the same manner.

CHAPTER V

Summary of the Study

This study was designed to describe the perception of elder abuse among African American, Korean and Chinese elders in Gwinnett County and DeKalb County, Georgia. The study also analyzed the target population and answered two research questions about the perception of elder abuse among African American, Korean and Chinese cultures. This study analyzed the four different abuses including neglect, mental/emotional, physical and financial. This study obtained personal perception of elder abuse from caregivers consisting of doctors, nurses, social workers, relatives, mental health assistants as well as advocating services. The conclusion and recommendations of the research findings are presented in this chapter.

Implications for Social Work

The result of this study provided greater insight into the current knowledge deficit among cultural groups' perspectives of elder abuse. Within this research there can be room for future implications toward practice, policy and research.

Practice

Utilizing the findings from this study social workers have the opportunity to play a significant role addressing deficits in education of elders, caregivers and any individual

that encounters an elder. Within social work practice there can be further education on the various types of elder abuse as well as the general geriatric population. The National Association of Social Work may also allow there to be CEU credits which will in turn educate and force the social work profession to take elder abuse seriously.

Policy

The social work profession, as well as policy makers, lack adequate advocacy within policy toward elder abuse. Although there is a policy in place for elder abuse, there are concerns of social service practitioners knowing the definition of elder abuse as well as knowledge of mandatory reporting laws. The historical and legislative information provided by this research will also allow others to be exposed to the laws, obligations and rights that each person has pertaining to elder abuse. The perceptual research of the African American, Korean and Chinese cultures allow social workers to be cognizant of the differences that potentially could take place in reporting as well as reporting discrepancies. The implementation of elder abuse awareness has the potential of becoming the main avenue of awareness, education and justice for victims and their families. Lastly, it is expected that the result of this study will help identify perceived barriers with accessing accurate reporting, lack of reporting as well as knowledge of the definition of elder abuse.

Research

The researcher established various limitations of the study which will allow future researchers ideas to develop new findings. Some of these research abilities would be to

research care of elders in the home versus facility care giving. This comparison will allow there to be understanding of education gaps to various caregivers as well as ways that social services providers can help elders. Within future research, there can also be a study composed of elders in their native countries as well as American-born minority cultures. Lastly, research toward the elders versus the care givers and how the various cultures view elder abuse from the elders prospective can be conducted.

APPENDICES

APPENDIX A

SURVEY QUESTIONNAIRE

STUDY OF PERCEPTION ON ELDER ABUSE AMONG AFRICAN AMERICAN, KOREAN AND CHINESE CULTURE

Section I: Demographic Information

Please mark (X) next to the appropriate item. Choose only ONE answer for each question

1. Gender 1) _____ Male 2) _____ Female
2. Age 1) _____ Under 20 yrs 2) _____ 21-30 yrs
 3) _____ 31-40 4) _____ 41 & up
3. Ethnicity 1) _____ African American 2) _____ Chinese
 3) _____ Korean 4) _____ Other
4. What's your highest level of education?
 1) _____ Some High School 2) _____ High School diploma/GED
 3) _____ Some College 4) _____ College Grad
 5) _____ Some Masters Degree 6) _____ Masters Degree and/or Ph D. / MD
5. Ethnicity of the person you are care giving?
 1) _____ African American 2) _____ White
 3) _____ Korean 4) _____ Asian
 5) _____ Other
6. What relation are you to the elder?
 1) _____ Nurse 3) _____ Doctor
 5) _____ Relative 2) _____ Social Worker
 4) _____ Advocating Services 6) _____ Mental Health Assistant

7. How long have you been care giving?

- | | |
|---------------------------|--------------------------|
| 1) _____ less than a year | 3) _____ 3-4 years |
| 2) _____ 1-2 years | 4) _____ 5 years or more |

APPENDIX A (continued)

Section II: Instruction: How much do you AGREE or DISAGREE with the following statements. Put an "X" in the box best that represents your answer.

Financial	Strongly Disagree	Disagree	Agree	Strongly Agree
8. It is okay to use an elder's property without their permission if they can no longer use the property				
9. Cashing the check for an elder and using some of the money is okay if I am the primarily caregiver.				
10. Signing an elderly person's check at the store is okay if the purchase is primarily for the elder				
11. Being a caregiver allows you to make business decisions on the elder's behalf.				
12. It is ok for a family member to use their elder's money because they are related.				
Mental/ Emotional	Strongly Disagree	Disagree	Agree	Strongly Agree
13. Preventing an elder's close friend from visiting because they are sick is thoughtful.				
14. Sometimes yelling at an elder is needed because they can't hear.				
15. Coercing an elder to make an important decision is helpful.				
16. Telling an elder their mental health status constantly just so you make sure they don't forget is helpful.				
17. Because of elders mental illnesses an assertive personality is needed to help them understand.				
Physical	Strongly Disagree	Disagree	Agree	Strongly Agree
18. Elders can be hard to move so being rough is needed at times.				
19. It's okay to be forceful at times to help elder to do something.				
20. It is okay to restrain an elder so they don't roll out the wheel chair or out of the bed when the caregiver is out of the room.				
21. Leaving a bruise on an elder is the best way to know they are hurt.				
22. Elders should wait for the caregiver to use the restroom.				
Neglect	Strongly Disagree	Disagree	Agree	Strongly Agree
23. Giving an elder food outside of their diet because they beg is sometimes ok.				
24. Calling a doctor only when the elder ask is a good way to show respect.				
25. Bathing an elder 3 times a week as the elder requested is helpful to the caregiver.				
26. It is ok to leave an elder to sleep on one side because that is the side they are most comfortable on.				
27. It's helpful to let the elder have time alone for an extended period of time.				

APPENDIX B
IRB APPROVAL LETTER



CLARK ATLANTA UNIVERSITY

Institutional Review Board
Office of Sponsored Programs

November 8, 2011

Ms. India M. Cook <Imcook0520@gmail.com>
School Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of Perception on Elder Abuse Among the African American, Korean
and Chinese Culture.

Principal Investigator(s): India M. Cook

Human Subjects Code Number: HR2011-10-402-1

Dear Ms. Cook:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your protocol and approved of it as exempt in accordance with 45 CFR 46.101(b)(2).

Your Protocol Approval Code is HR2011-10-402-1/A

This permit will expire on November 9, 2012. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office.

The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects – “Social and Behavioral Sciences Track”. Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

Paul I. Musey, Ph.D.

Chair

IRB: Human Subjects Committee

Office of Sponsored Programs, “Dr. Georgianna Bolden” <gbolden@cau.edu>

223 James P. Brawley Drive, S.W. * ATLANTA, GA 30314-4391 * (404) 880-8000

Formed in 1988 by consolidation of Atlanta University, 1865 and Clark College, 1869

APPENDIX C
INFORMED CONSENT FORM

**A Study of Perception on Elder Abuse Among the
African American, Korean and Chinese Cultures.**

Consent Form

You are invited to be in a research study of perception on elder abuse among elderly care givers. You were selected as a possible participant because you may be a caregiver and/or professional located in various care facilities. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: India Cook at Clark Atlanta University

Background Information:

The purpose of this study is to study the perception that caregivers have toward elder mistreatment in their respective communities. This survey will be provided to caregivers of different cultures to measure the various perceptions of elder mistreatment in different settings. Individuals completing this survey will be caregivers located in nursing homes, elderly living homes and other care facilities. These care givers will consist of but may not be limited to nurses, care staff, relatives, friends, advocating services, and social workers.

Procedures:

If you agree to be in this study, we would ask you to do the following things: We ask that there be complete and honest fulfillment of the survey. This survey will be given by hand and will be confidential to any other participants or researchers. Once participants have completed the surveys, this will conclude involvement in this research process.

Risks and Benefits of Being in the Study:

This study will not exhibit anticipated risk. The benefits to participation are: Benefits participants will have greater cultural understanding of elder abuse and the implications that it can cause.

Confidentiality.

To ensure the confidentiality of each participant the following measures will be taken: (1) surveys will not disclose names and (2) participant personal information will be protected by lock and key. The destruction of data via shredding will be completed within 90 days of completion of survey.

Voluntary Nature of the Study.

Your decision whether or not to participate will not affect your current or future relations with the researcher, or Clark Atlanta University. This is a voluntary research procedure; there is freedom to withdraw at any time without affecting those relationships previously identified. Also if you decide not to participate in this study you may withdraw from the study and your data will be destroyed upon withdrawal.

Contacts and Questions:

The researcher conducting this study is:
India Cook (404) 587-8745
imcook0520@gmail.com

You may ask any questions you have now. If you have questions later about the research, you may contact the researcher(s) at: Phone: India Cook (Graduate Student) (404) 587-8745 and Student Advisor Ms. Brandi Wilson (404) 880-8311.

If you have any questions now, or later, related to the integrity of the research, (the rights of research subjects or research-related injuries, where applicable), you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404-880-6979) or Dr. Paul I. Musey, (404) 880-6829 at Clark Atlanta University

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature _____ Date: _____

Signature of Investigator _____ Date: _____

Appendix D: SPSS Program

```
TITLE 'PERCEPTION SURVEYOF ELDER ABUSE AMONG AFRICAN  
AMERICAN, KOREAN AND CHINESE ELDERS'.  
SUBTITLE 'India Cook MSW Program'.
```

```
DATA LIST FIXED/  
ID 1-2  
GENDER 3  
AGE 4  
ETHNIC 5  
EDU 6  
ETHNCG 7  
RELATEL 8  
YEARS 9  
FIPROP 10  
FICASH 11  
FISIGN 12  
FIBUSI 13  
FIUSE 14  
MEFRIE 15  
MEYELL 16  
MEHELP 17  
MEHEAL 18  
MEILLNE 19  
PMOVE 20  
PFORCE 21  
PCHAIR 22  
PBRUIS 23  
PRESTR 24  
NFOOD 25  
NDOCTO 26  
NBATH 27  
NSIDE 28  
NTIME 29.
```

APPENDIX D (continued)

VARIABLE LABELS

ID	'Questionnaire number'
GENDER	'Q1 My Gender'
AGE	'Q2 My Age'
ETHNIC	'Q3 My ethnicity'
EDU	'Q4 What is your highest education'
ETHNCG	'Q5 Ethnicity of the person you are caregiving'
RELATEL	'Q6 What relation are you to the elder'
YEARS	'Q7 How long have you been care giving'
FIPROP	'Q8 It is okay to use an elders property without their permission if they can no longer use it'
FICASH	'Q9 Cashing the check for an elder and using some of the money is okay if you care for them'
FISIGN	'Q10 Signing an elderly persons check at the store is okay if the purchase primarily for the elder'
FIBUSI	'Q11 Being a caregiver allows you to make business decisions on the elders behalf'
FIUSE	'Q12 It is ok for a family member to use their elders money because they are related'
MEFRIE	'Q13 Preventing an elders close friend from visiting because they are sick is thoughtful'
MEYELL	'Q14 Sometimes yelling at an elder is needed because they can't hear'
MEHELP	'Q15 Coercing an elder to make an important decision is helpful'
MEHEAL	'Q16 Telling an elder their mental status constantly because they forget is ok'
MEILLNE	'Q17 Because of elders mental illnesses an assertive personality is needed to help them understand'
PMOVE	'Q18 Elders can be hard to move so being rough is needed at time'
PFORCE	'Q19 it is okay to be forceful at times to help elder to do something'

APPENDIX D (continued)

PCHAIR	'Q20 It is ok to restrain an elder to chair or bed while caregiver is out of the room'
PBRUIS	'Q21 Leaving a bruise on an elder is the best way to know they are hurt'
PRESTR	'Q22 Elders should wait for the caregiver to use the restroom'
NFOOD	'Q23 Giving an elder food outside their diet because they beg is sometimes ok'
NDOCTO	'Q24 Calling a doctor only when the elder ask is a good way to show respect'
NBATH	'Q25 Bathing an elder three times a wk as the elder requested is helpful to the caregiver'
NSIDE	'Q26 It is ok to leave an elder to sleep on one side because that is the side they are most comfortable'
NTIME	'Q27 It is helpful to let the elder have time alone for an extended period of time'.

VALUE LABELS

GENDER

- 1 'Male'
- 2 'Female'/'

AGE

- 1 'Under 20 yrs'
- 2 '21-30 yrs'
- 3 '31-40'
- 4 '41 & up'/'

ETHNIC

- 1 'African American'
- 2 'Chinese'
- 3 'Korean'
- 4 'Other'/'

EDU

- 1 'Some High School'
- 2 'High School Diploma or GED'
- 3 'Some College'
- 4 'College Grad'

5 'Some Masters Degree'

APPENDIX D (continued)

6 'Master Degree and or PhD or MD' /

ETHNCG

1 'African American'

2 'White'

3 'Korean'

4 'Asian'

5 'Other' /

RELATEL

1 'Nurse'

2 'Social Worker'

3 'Doctor'

4 'Advocating Services'

5 'Relative'

6 'Mental Health Assistant' /

YEARS

1 'Less than a year'

2 '1 to 2 years'

3 '3 to 4 years'

4 '5 or more years' /

FIPROP

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree' /

FICASH

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree' /

FISIGN

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree' /

FIBUSI

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree' /

FIUSE

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

APPENDIX D (continued)

4 'Strongly Agree'/
MEFRIE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
MEYELL
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
MEHELP
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
MEHEAL
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
MEILLNE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
PMOVE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
PFORCE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
PCHAIR
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
PBRUIS

1 'Strongly Disagree'

APPENDIX D (continued)

2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

PRESTR

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

NFOOD

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

NDOCTO

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

NBATH

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

NSIDE

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /

NTIME 29

1 'Strongly Disagree'
 2 'Disagree'
 3 'Agree'
 4 'Strongly Agree' /.

MISSING VALUES

GENDER AGE ETHNIC EDU ETHNCG RELATEL YEARS FIPROP FICASH
 FISIGN FIBUSI FIUSE MEFRIE MEYELL MEHELP MEHEAL MEILLNE
 PMOVE PFORCE PCHAIR PBRUIS PRESTR NFOOD NDOCTO NBATH NSIDE
 NTIME (0).

BEGIN DATA

0120442241111111111111111111

APPENDIX D (continued)

021446224111111111111111111111
 03132445422212111112212111112
 041435313111111111111111111111
 05232445322222211112121213211
 06223435312222322122222122122
 072444223111111111111111111111
 082442211111131111111111111111
 092444222111112311111111111213
 1013133121111111111111111112212
 112314324111111111112112211222
 12221631211123121231231121122
 13221241332211231221221222222
 14221246322211221221221222222
 151314263111121221111111111111
 16141622411232322112221222121
 171314114111111111111111111111
 181416124111111111111111111111
 19141416422122332121121212121
 20121416311233213332221211323
 21131611311231213332221211233
 22121416411231213332221211312
 23131416211231212332221211322
 24121416333323232211222122212
 25241415412222323222222221211
 26141411312312312211221212121
 27243435333231111221212221222
 28243431433333232332122122122
 29223335322211221121111222222
 30233535323232233122222232222
 31133535433333232221211211122
 32232335311111112122112211222
 33242441433333232211222122212
 34242545432333322323111123211
 35232245331322222122221221222
 36142445412222122112221111122
 37212546322222123222112222111
 END DATA.

FREQUENCIES

/VARIABLES GENDER AGE ETHNIC EDU ETHNCG RELATEL YEARS
 FIPROP FICASH FISIGN FIBUSI FIUSE MEFRIE MEYELL MEHELP
 MEHEAL MEILLNE PMOVE PFORCE PCHAIR PBRUIS PRESTR NFOOD
 NDOCTO NBATH NSIDE NTIME

```
/STATISTICS=DEFAULT.
```

REFERENCES

- Administration on Aging (1998, September). Findings-Incidence of abuse and neglect of the elderly. In *The national elder abuse incidence study* (Ch. 4.2). Retrieved from http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Elder_Abuse/docs/ABuseReport_Full.pdf
- Anonymous (2002). Protective older Americans: A history of federal action on elder abuse, neglect, and exploitation. *Journal of Elder Abuse & Neglect*, 14(2-3), 9-13. Retrieved March 6, 2012 from ProQuest.
- Arai, M. (2006). Elder Abuse in Japan. *Educational Gerontology*, 32 (1), 13-23. doi: 10.1080/03601270500338567.
- Biggs, S., Manthorpe, J., Tinker, A., Doyle, M., & Erens, B. (2009). Mistreatment of older people in the United Kingdom: Findings from the First National Prevalence Study. *Journal of Elder Abuse & Neglect*, 21(1), 1-14. Retrieved November 1, 2011, from SocINDEX database.
- Center of Excellence on Elder Abuse and Neglect. (n.d.). *How at risk for abuse are people with dementia?* Retrieved from http://www.centeronelderabuse.org/docs/PwDementia_Factsheet.pdf
- Chee, Y. K., & Levkoff, S. E. (2001). Culture and dementia: Accounts by family caregivers and health professionals for dementia affected elders in South Korea. *Journal of Cross-Cultural Gerontology*, 16(2), 111–125. Retrieved March 7, 2011 from ProQuest.

- Dahlberg, L. & Krug, E., (2002). Violence-A global public health problem. *World Report on Violence and Health: World Health Organization*, 1-56.
- Department of Human Services & Health (2008, February). Adult protective services in Georgia. Retrieved October, 2011, from http://www.dhr.state.ga.us/DHR/DHR_FactSheets/APSnewfactsheetSFY08.pdf
- Dimah, A., & Dimah, P. K. (2002). Gender differences among abused older African Americans and African American abusers in an elder abuse provider agency. *Journal of Black Studies*, 32(5), 557-573. doi: 10.1177/002193470203200504.
- Doe, S., Han, H., & McCaslin, R. (2009). Cultural and ethical issues in Korea's recent elder abuse reporting system. *Journal of Elder Abuse & Neglect*, 21(2), 170-185. doi: 10.1080/08946560902780009.
- Dong Hee, H., (2004). A study of approaching elder abuse in Korea. *Geriatrics & Gerontology International*, 4, 264-265. doi: 10.1111/j.1447-0594.2004.00222.x
- DoSomething.org (n.d.). Background on Elderly Abuse. Retrieved December 15, 2011, from <http://www.dosomething.org/tipsandtools/background-elderly-abuse>
- Fulmer, T. T. (2002). Elder mistreatment. *Annual Review of Nursing Research*, 20, 369-395.
- Greenlee, K. (2011). Taking a Stand against Elder Abuse. *Aging at the Department of Health and Human Services*. <http://www.whitehouse.gov/blog/2011/06/13/taking-stand-against-elder-abuse>.
- Hildreth, G. J., & Boglin, M. L. (2000). Review of literative on resiliency in black families: Implications for the 21st century. *African American Research Perspectives*, 6, 13-21.

- Jang, M. (2009). Perspectives on elder abuse in Korea. *Journal of Comparative Family Studies*, 40(1), 47-55. Retrieved November 2011 from SocINDEX with Full Text.
- Kim, O. S., Yang, K. M., & Kim, K. H. (2005). Dependency, abuse, and depression by gender in widowed elderly. *Journal of Korean Academy of Nursing*, 35, 336-343. Retrieved March 2012 from ProQuest Dissertations & Theses: Social Sciences.
- Krienert, J. L., Walsh, J. A., & Turner, M. (2009). Elderly in America: A descriptive study of elder abuse examining National Incident-Based Reporting System (NIBRS) data, 2000-2005. *Journal of Elder Abuse & Neglect*, 21(4), 325-345. doi: 10.1080/08946560903005042.
- Lee, H., & Eaton, C. K. (2009). Financial abuse in elderly Korean immigrants: Mixed analysis of the role of culture on perception and help-seeking intention. *Journal Of Gerontological Social Work*, 52(5), 463-488. doi: 10.1080/01634370902983138.
- Lee, M. (2008). Caregiver stress and elder abuse among Korean family caregivers of older adults with disabilities. *Journal of Family Violence*, 23(8), 707-712. doi: 10.1007/s10896-008-9195-2.
- Lee, M., & Kolomer, S. (2005). Caregiver burden, dementia, and elder abuse in South Korea. *Journal of Elder Abuse & Neglect*, 17(1), 61-74. doi: 10.1300/J084v17n01_04
- Manigbas, M. (2002). Multiservice organization combats elder abuse in Chinese community. *Generations*, 26(3), 70. Retrieved November 12, 2011 from Sociological Collection.

- Moon, A., & Benton, D. (2000). Tolerance of elder abuse and attitudes toward third-party intervention among African American, Korean American, and White elderly. *Journal of Multicultural Social Work*, 8(3-4), 283-303. Retrieved October 07, 2011 from Social Work Abstracts.
- National Center of Elder Abuse (2006). NCEA: The basics. Retrieved on September 15, 2006 from <http://elderabusecenter.org/pdf/research/apsreort030703.pdf>.
- Oetzel, J. G., Ting-Toomey, S., Rinderle, S. (2006). Conflict communication in contexts: A social ecological perspective. In J. G. Oetzel & S. Ting-Toomey (Eds.), *The SAGE handbook of conflict communication*. Thousand Oaks, CA: Sage.
- Paranjape, A., Sprauve-Holmes, N. E., Gaughan, J., & Kaslow, N. J. (2009). Lifetime exposure to family violence: Implications for the health status of older African American women. *Journal of Women's Health*, 18(2), 171-175.
doi: 10.1089/jwh.2008.0850.
- Schiele, J. H. (1997). An Afrocentric perspective on social welfare philosophy and policy. *Journal Of Sociology & Social Welfare*, 24(2), 21-39. Retrieved November 12, 2011 from Sociological Collections.
- Tauriac, J., & Scruggs, N. (2006). Elder Abuse Among African Americans. *Educational Gerontology*, 32(1), 37-48. doi: 10.1080/03601270500338625.
- U.S. Census Bureau. (2010). *DP-1 - United States: Profile of General Population and Housing Characteristics: 201*. Retrieved August 5, 2011 from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_00_110H_DP1&prodType=table

- Working Party on the Protection of Frail Older People in the Community (1994). Aged and community care service development and evaluation series; No. 14. Australia: Canberra.
- World Health Organization (2002, October 3). World Health Report on Violence and Health. Retrieved November 15, 2011, from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap5.pdf
- XinQi, D., Simon, M. A., Gorbien, M., Percak, J., & Golden, R. (2007). Loneliness in older Chinese adults: A risk factor for elder mistreatment. *Journal of the American Geriatrics Society*, 55(11). doi: 10.1111/j.1532-5415.2007.01429.x
- XinQi, D., Simon, M. A., Odwazny, R., & Gorbien, M. (2008). Depression and elder abuse and neglect among a community-dwelling Chinese elderly population. *Journal of Elder Abuse & Neglect*, 20(1), 25-41. doi: 10.1300/J084v20n01_02
- Yan, E. (2003). Proclivity to elder abuse. *Journal of Interpersonal Violence*, 18(9), 999. Retrieved November 6, 2011 from Vocational and Career Collection.
- Yan, E., & Tang, C. (2004). Elder abuse by caregivers: A study of prevalence and risk factors in Hong Kong Chinese families. *Journal of Family Violence*, 19(5), 269-277. Retrieved November 1, 2011 from Sociological Collections.